FCC Fo	rm 481 - Carrier Annual Reporting Data Collection Form			FCC Fórm 481 GMB Control No. 3060 July 2013	2-0986/OMB Control	No. 3060-0819
<010>	Study Area Code	431969				
<015>	Study Area Name	BIXBY TEL CO			#.00000	
<020>	Program Year	2016	0.40	1300		
<030>	Contact Name: Person USAC should contact with questions about this data	Frank Rehbein				Win-
<035>	Contact Telephone Number: Number of the person identified in data line <030>	9183668000 ext.219	e e e e e e e e e e e e e e e e e e e		610.	
<039>	Contact Email Address: Email of the person identified in data line <030>	frehbeinsolp.net				
ANNUA	LUREPORTING FOR ALL CARRIERS				54.313 Completion Required	54.422 Completion Required
<100>	Service Quality Improvement Reporting		(complete ottached work	sheet)	1	THE PERSON
<200>	Outage Reporting (voice)		(complete attached work	sheet)	1	1
<210> <300>	Unfulfilled Service Requests (voice)	o outages to report			1	NAME OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER,
<310>	Detail on Attempts (voice)					
				(attoch descriptive d	ocument)	
<320>	Unfulfilled Service Requests (broadband)			7		
<330>	Detail on Attempts (broadband)			(ottach descriptive	document)	
<400>	Number of Complaints per 1,000 customers (voice)					
<410>	Fixed 0.0				1	/
<420>	Mobile 0.0	and)				
<440>	Number of Complaints per 1,000 customers (broadb	oano)			✓	
<450>	Mobile 0.0					
<500>	Service Quality Standards & Consumer Protection Re	ules Compliance	(check to indicate certifi	cation)	✓	
<510>			(attoched descriptive	document)	✓	/
<600>	Functionality in Emergency Situations 4319690k610.pdf		(check to indicate certifi	cation)		✓
			(attached descriptive doc	ument)	1	1
<610>						
<700>	Company Price Offerings (voice)		(complete attached worl			11/1/11
<710>	Company Price Offerings (broadband)		(complete attached work			18888
	Operating Companies and Affiliates Tribal Land Offerings (Y/N)?	(if yes	complete attached work) s, complete attached work		1	111111
	Voice Services Rate Comparability Certification	Yes		262	✓	TEEFIL
<1010>			(ottach descriptive docu	ment)		
<1100>	Certify whether terrestrial backhaul options exist (Y	res or No) O	(if not, check to indicate	e certification)	/	
<1110>			(complete attached work		WARREN !	11111
<1200>	Terms and Condition for Lifeline Customers	Documentation Market	(complete attached work	ksheet)	VIIII	
	Price Cap Carriers, Proceed to Price Cap Additional I Including Rate-of-Return Carriers affiliated with Pri					
<2000>	meaning nate-of-neturn curriers offinated with Pri	ce cup tucui exchunge c	.urriers (check to indicate certific	ation)		MILLER
<2005>			(complete attached work	sheet)		1111111
<3000>	Rate of Return Carriers, Proceed to ROR Additional	Documentation Worksh	<u>188t</u> (check to Indicate certific	ation)	/	WILLIAM S
<3005>			(complete attached work		1	1111111

	rvice Quality Improvement Reporting llection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	431969	
<015>	Study Area Name	BIXBY TEL CO	СО
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Frank Rehbei	bein
<035>	Contact Telephone Number - Number of person identified in data line <030>	9183668000 es	0 ext.219
<039>	Contact Email Address - Email Address of person identified in data line <030>	frehbein@olp	olp.net
<110>	Has your company received its ETC certification from the FCC?	(yes	yes/no) O •
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes	yes / no) O O
<112>	report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service. Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your of CETC which only receives frozen support, your progress report is only required to address voice telephony service.	company is a	431969okl12.pdf
	Please select the appropriate responses below (Yes, No, Not Applicable) to confit that the attached document(s), on line 112, contains a progress report on its five service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	e-year	Name of Attached Document
<113>	Maps detailing progress towards meeting plan targets		Yes
<114>	Report how much universal service (USF) support was received		Yes
<115>	How much (USF) was used to improve service quality and how support was used to impro	ove service quality	
<116>	How much (USF) was used to improve service coverage and how support was used to improve		
<117>	How much (USF) was used to improve service capacity and how support was used to improve		
	Provide an explanation of network improvement targets not met		163

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<010>	Study Area Code	431969
<015>	Study Area Name	BIXBY TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Frank Rehbein
<035>	Contact Telephone Number - Number of person identified in data line <030>	9183668000 ext.219
<039>	Contact Email Address - Email Address of person identified in data line <030>	frehbein@olp.net

)> _	<9>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<₽	<g></g>	<h></h>
	NORS Reference	Outage Start	Outage Start	Outage End	Outage End	Number of		911 Facilities	Service Outage	Did This Outage Affect Multiple		
	Number	Date	Time	Date	Time	Customers Affected	Total Number of	Affected	Description (Check	Study Areas	Service Outage	Preventative
					2-47		Customers	(Yes / No)	all that apply)	(Yes / No)	Resolution	Procedures
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CONTRACTOR OF THE PARTY OF THE	ce Offerings including Voice Rate Data lection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	431969	
<015>	Study Area Name	BIXBY TEL CO	
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Prank Rehbein	
<035>	Contact Telephone Number - Number of person identified in data line <030>	9183668000 ext.219	
<039>	Contact Email Address - Email Address of person identified in data line <030>	frehbein@olp.net	
<701> <702>	Residential Local Service Charge Effective Date 1/1/2015 Single State-wide Residential Local Service Charge		

		I		Residential Local	<69>		Mandatory Extended Area	
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Service Rate	State Subscriber Line Charge	State Universal Service Fee	Service Charge	Total per line Rates and Fe
-								
	- 10 to - 100		700					1 1 2 2 3 4
	-	1 1						
	2 12.0	7. 6.						
	*** *****			Soc of	tached worksheet			
				- SEE 4	HACHEU WOHNSHEEL			
						3 N. No		
						707		
(1880								
				<u> </u>				

(710) Broadband Price Offerings Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	431969
<015>	Study Area Name	BIXBY TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Frank Rehbein
<035>	Contact Telephone Number - Number of person identified in data line <030>	9183668000 ext.219
<039>	Contact Email Address - Email Address of person identified in data line <030>	frehbeinsolp.net

<711>	аb	<2≥	⊙ 1>	<b2></b2>	œ	<d1></d1>	<d2></d2>	<d3></d3>	<d4></d4>
-	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select
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	erating Companies ection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code		431969
<015>	Study Area Name		BIXBY TEL CO
<020>	Program Year		2016
<030>	Contact Name - Person	USAC should contact regarding this data	Frank Rehbein
<035>	Contact Telephone Num	nber - Number of person identified in data line <030>	9183668000 ext.219
<039>	Contact Email Address -	Email Address of person identified in data line <030>	frehbein@olp.net
<810>	Reporting Carrier	Bixby Telephone Company	
<811>	Holding Company	Not Applicable	
<812>	Operating Company	Bixby Telephone Company	

813> @1 >	<82>	33>
Affiliates	SAC	Doing Business As Company or Brand Designation
See atta	ached workshe	et
	10 Table 1	The state of the s

DENERGY DESIGNATION OF THE PERSON OF THE PER	bal Lands Reporting lection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	431969
<015>	Study Area Name	BIXBY TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Frank Rehbein
<035>	Contact Telephone Number - Number of person identified in data line <030>	9183668000 cxt.219
<039>	Contact Email Address - Email Address of person identified in data line <030>	frehbein@olp.net
<910>	Tribal Land(s) on which ETC Serves	e (Creek) Nation
<920>	Tribal Government Engagement Obligation	ok920.pdf

Name of Attached Document

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

<921>	Needs assessment and deployment planning with a focus on Tribal
	community anchor institutions.

<922> Feasibility and sustainability planning;

<923> Marketing services in a culturally sensitive manner;

<924> Compliance with Rights of way processes

<925> Compliance with Land Use permitting requirements

<926> Compliance with Facilities Siting rules

<927> Compliance with Environmental Review processes

<928> Compliance with Cultural Preservation review processes

<929> Compliance with Tribal Business and Licensing requirements.

	Select	٦
,	Yes or No or	
1	Not Applicable	
	Yes	╗
	111111	3
	Yes	
de K	Yes	
	Yes	
	Yes	

000000000000000000000000000000000000000	lo Terrestrial Backhaul Reporting llection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	431969
<015>	Study Area Name	BIXBY TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Frank Rehbein
<035>	Contact Telephone Number - Number of person identified in data line <030>	9183668000 ext.219
<039>	Contact Email Address - Email Address of person identified in data line <030>	frehbein@olp.net
<1120>	Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).	
<1130>	Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 upstream within the supported area pursuant to § 54.313(g).	kbps

(1200) Terms and Condition for Lifeline Customers	FCC Form 481
Lifeline	OMB Control No. 3060-0986/OMB Control No. 3060-0819
Data Collection Form	July 2013
<010> Study Area Code	431969
<015> Study Area Name	BIXBY TEL CO
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Frank Rehbein
<035> Contact Telephone Number - Number of person identified in data line <03	
<039> Contact Email Address - Email Address of person identified in data line <03	
	431969ok1210.pdf
<1210> Terms & Conditions of Voice Telephony Lifeline Plans	
	Name of Attached Document
<1220> Link to Public Website HTTP	
"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:	
<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	
<1222> Details on the number of minutes provided as part of the plan,	
<1223> Additional charges for toll calls, and rates for each such plan.	

tion Form ate-of-Return Carriers affiliated with Price Cop Local Exchange Carriers Study Area Code Study Area Name	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
Study Area Code	July 2013
The state of the s	
The state of the s	
Stugy Area Name	431969
	BIXBY TEL CO
Program Year Contact Name - Person USAC should contact regarding this data	2016
Contact Name - Person OSAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030>	Tunk Kenbeln
the state of the s	9183668000 ext. 219
contact timal Address - timal Address of person identified in data line \$0502	renbein@olp.net
merica Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The inform	recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, tion reported on this form and in the documents attached below is accurate.
2nd Year Certification (47 CFR § 54.313(b)(1)i)	
3rd Year Certification (47 CFR § 54.313(b)(1)ii)	
Attachment {47 CFR § 54.313(b)(1)ii}	
	Name of Attached Document(s) Listing Required Information
Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a)) 2013 Frozen Support Calculation (47 CFR § 54.313(c)(1)) 2014 Frozen Support Calculation (47 CFR § 54.313(c)(2)) 2015 Frozen Support Calculation (47 CFR § 54.313(c)(3)) 2016 and future Frozen Support Calculation (47 CFR § 54.313(c)(4))	
Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}	
Connect America Phase II Reporting (47 CFR § 54.313(e)) 3rd year Broadband Service Certification 5th year Broadband Service Certification Interim Progress Certification	
Please check the box to confirm that the attached document(s), on lin pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shaddresses of community anchor institutions to which began providing preceding calendar year.	2021, contains the required information III provide the number, names, and ccess to broadband service in the
Interim Progress Community Anchor Institutions	Name of Attached Document(3) Listing Required Information
	appropriate responses below (Yes, No, Not Applicable) to note compliance as a merica Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The informal Incremental Connect America Phase I reporting 2nd Year Certification (47 CFR § 54.313(b)(1)ii) 3rd Year Certification (47 CFR § 54.313(b)(1)ii) Attachment (47 CFR § 54.313(b)(1)ii) Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a)) 2013 Frozen Support Calculation (47 CFR § 54.313(c)(1)) 2014 Frozen Support Calculation (47 CFR § 54.313(c)(2)) 2015 Frozen Support Calculation (47 CFR § 54.313(c)(3)) 2016 and future Frozen Support Calculation (47 CFR § 54.313(c)(4)) Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d)) Certification Support Used to Build Broadband Connect America Phase II Reporting (47 CFR § 54.313(e)) 3rd year Broadband Service Certification Interim Progress Certification Please check the box to confirm that the attached document(s), on line pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support sha addresses of community anchor institutions to which began providing a preceding calendar year.

So Study Anse Name Program Year Concent Televion Listed should contact regarding this data Content Televion Listed should contact regarding this data line (2005) Content Televion Listed from Anthreas - family Anth	210170	навистения (предрамня при выправния при при на п		1011 101 101 101 101 101 101 101 101 10
15.5 Study Area Name	10>	Study Area Code	431969	
Section Person Region Display Person Expending this data Person Expending Price Display				
2392 Contact Telephone Number - Number of promo inderlied in data line of 2009 2392 Contact Telephone Number - Number of promo inderlied in data line of 2009 2393 Contact Telephone Number of Promotion State of Promotion State of Intelline 1909 (in the Intelline 1909) ECCY the boxes below to note compliance on its five year service quality plan (pursuant to 47 CR § 54.202(b)) and, for privately held carriers, ensuring compliance with the financial reporting nequirement of 27 R § 54.202(b) and, for privately held carriers, ensuring compliance with the financial reporting nequirement of 28 R § 2.313(f)(2). It further certify that the Information reported on this form and in the document attached below is accurate. 43.1969-04.3010 p.pdf 32.96 (7) (7) (7) in the carrier shall provide the number, names, and addresses of community acron installations to which began providing shores to threatened service in the procedure grain tain year. 43.1969-04.3012 p.pdf 43.1969-04.3013 p.pdf 43.1969-04.3012 p.pdf 43.1969-04.3013	020>	Program Year		
### Contract Email Address - Email Address of persons identified in data like 4300	>030		Frank Rehbein	ALL DESCRIPTION DE LA CONTRACTION DEL CONTRACTION DE LA CONTRACTIO
HECK the boxes below to note compliance on its five year service quality plan (jursuant to 47 CR § 54.02(2d)) and, for privately held carriers, ensuring compliance with the financial reporting requirement CR § 54.33(9)(2). I further certify that the information reported on this form and in the documents attached below is securate. 43.9 § 90x30.0 pdf Milestone Certification (Ar CR § 54.33(9)(1)(0)		The state of the s	The state of the s	
Progress Report on 5 Year Plan Milentone Certification (47 CFR § 54.313(f)(2)). If further certify that the information reported on this form and in the documents attached below is accurate. 43.19 89 0k3 31.0. pdf Name of Attached Document Listing Required Information Progress Report on 5 Year Plan Milentone Certification (47 CFR § 54.313(f)(1)(f)) Progress Report on 5 Year Plan Milentone Certification (47 CFR § 54.313(f)(1)(f)) Progress Report on 5 Year Plan Milentone Certification (47 CFR § 54.313(f)(1)(f)) Progress Report on 5 Year Plan Milentone Certification (47 CFR § 54.313(f)(1)(f)) Progress Report on 5 Year Plan Milentone Certification (47 CFR § 54.313(f)(1)(f)) Name of Attached Document Listing Required Information Name of Attached Document Listing Required Information Name of Attached Document Listing Required Information (Yea/No) (039>	Contact Email Address - Email Address of person identified in data line <030>	frehbein@olp.net	
A33,9690k3310.pdf Milestone Cartifration (47 CFs § 5.4.332(f)(1)(t)) Name of Attached Document Usting Required Information	HECK th			
Milentone Cartification (47 CFR § 54.312(f)(1)): Name of Attached Document Listing Required Information Please check this box to confirm that the attached document(s), on line 3012 contains the required Information pursuant to \$4.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began 7 7 7 7 7 7 7 7 7 7 7 7 7		2000 60° 2000 60° 2000 60° 20° 20° 20° 20° 20° 20° 20° 20° 20° 2	- WEST-ANT	
Milestone Cartification (47 CFR § 54.313(f)(1)(ii) Ploase check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing accords to broadband service in the proceeding calendar year. 43.36.90x3.01.2. pdf. 3012) Community Anchor institutions (47 CFR § 54.313(f)(1)(iii)) Name of Attached Document Listing Required information pursuant to § 54.313 (f)(2) (fvg,No) (fv	(111)	Progress Report on 5 Year Plan		
Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to \$4.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of continuity anchor institutions to which began providing access to broadband service in the proceeding calendar year. 4.31.9690k3.01.2.pdf 3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(iii)) Name of Attached Document Listing Required Information (vs./No) (vs./N	1010)	1437 F 75 F F 75 F 75 F 75 F 75 F 75 F 75		
Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to yell and the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing address to broadband service in the proceeding calendary year. 4.3.9690k3.01.2.pdf. All 1969ok3.01.2.pdf.			Name of Attached Document Listing Required Information	ation
923 \$4.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. 43.9690k3012.pdf. Name of Attached Document Listing Required Information (Yes/No) (Yes/			A DATE OF THE PROPERTY OF THE	TOUTE A
Name of Attached Document Listing Required Information (Yes,No) (Y	011)	§ 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addre		/
Name of Attached Document Listing Required Information (Yes/No) (Y			431969ok3012.pdf	
Name of Attached Document Listing Required Information (Yes/No) (Y			The second secon	
Name of Attached Document Listing Required Information (Yes/No) (Y	3012)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(II))		
South Sever company Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) (Yes/No)		The state of the s	50 1000	
If yes, does your company file the RUS annual report			Name of Attached Document Listing Required Information	
If yes, does your company file the RUS annual report	3013)	Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))	(Yes/No)	
Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) Telecommunications Borrowers) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows If the response is yes on line 3014, statch your company's RUS annual report and all required documentation Name of Attached Document Listing Required Information Name of Attached Document Listing Required Information (Yos/No) If the response is no on line 3014, is your company audited? If the response is no on line 3015, please check the boxes below to confirm your submission, on line 3025 pursuant to \$ 54.313(f)(2), contains Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows Whanagement letter and audit opinion issued by the independent certified public accountant that performed the company's financial audit If the response is no on line 3018, please check the boxes below to confirm your submission, on fine 3018 please check the boxes below to confirm your submission, on fine 3018 please check the boxes below to confirm your submission, on fine 3018 please check the boxes below to confirm your submission, on fine 3018 please check the boxes below to confirm your submission, on fine 3018 please check the boxes below to confirm your submission, on fine 3018 please check the boxes below to confirm your submission, on fine 3018 please check the boxes below to confirm your submission, on fine 3018 please check the boxes below to confirm your submission, on fine 3018 please check the boxes below to confirm your submission, on fine 3018 please check the boxes below to confirm your submission, on fine 3018 please check the boxes below to confirm your submission, on fine 3018 please check the boxes below to confirm your submission, on fine 3018 please check the boxes below to confirm your submission, on fine 3018 please check the boxes be	5 - 6 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -		(Yes/No))(•)
Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) Telecommunications Borrowers) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows If the response is yes on line 3014, statch your company's RUS annual report and all required documentation Name of Attached Document Listing Required Information Name of Attached Document Listing Required Information (Yos/No) If the response is no on line 3014, is your company audited? If the response is no on line 3015, please check the boxes below to confirm your submission, on line 3025 pursuant to \$ 54.313(f)(2), contains Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows Whanagement letter and audit opinion issued by the independent certified public accountant that performed the company's financial audit If the response is no on line 3018, please check the boxes below to confirm your submission, on fine 3018 please check the boxes below to confirm your submission, on fine 3018 please check the boxes below to confirm your submission, on fine 3018 please check the boxes below to confirm your submission, on fine 3018 please check the boxes below to confirm your submission, on fine 3018 please check the boxes below to confirm your submission, on fine 3018 please check the boxes below to confirm your submission, on fine 3018 please check the boxes below to confirm your submission, on fine 3018 please check the boxes below to confirm your submission, on fine 3018 please check the boxes below to confirm your submission, on fine 3018 please check the boxes below to confirm your submission, on fine 3018 please check the boxes below to confirm your submission, on fine 3018 please check the boxes below to confirm your submission, on fine 3018 please check the boxes below to confirm your submission, on fine 3018 please check the boxes be	lagen	check those boxes to confirm that the attached document(s), on line 2017	contains the required information oursuant to \$ 54.313/6/3	2) compliance requires:
Telecommunications Borrowers) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows The response is yes on line 3014, strach your company's RUS annual report and all required documentation Name of Attached Document Listing Required Information (Yos/No) (Yos/No) (Yos/No)		1000 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	, serialis the required information parsuant to 9 54,515(1)(2	Compileros regules.
Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows If the response is yes on line 3014, attach your company's RUS annual report and all required documentation Name of Attached Document Listing Required Information (Yes/No)	(210			4
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Name of Attached Document Listing Required Information (Yes/No) If the response is no on line 3014, it your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 5-8.313(f)(2), contains 3019) Éther a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Document(s) for Balance Shoot, Income Statement and Statement of Gash Flows 3021) Management letter and audit opinion issued by the independent certified public accountant that performed the company's financial audit If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 5-4.313(f)(2), contains: 3022) Copy of their financial statement which has been subject to review by an independent certified public accountant or RUS Operating Report for Telecommunications Borrowers, 3023) Underlying Information subjected to a review by an independent certified public accountant Underlying information subjected to a review by an independent certified public accountant Underlying information subjected to an officer certification. Document(s) for Balance Shoet, income Statement and Statement of Cash Flows 431969ok3019.pdf, 431969ok3021.pdf	emerces c			1
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3026) Attach the worksheet listing regulated information	3026)	Attach the worksheet listing required information		
	- 22.01			

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Data Collectio	n Form			Kanakara da kabunga kabungan da kabunga	OMB Control No. 3060-0986/01	AID COURLOL NO. 2000-0013
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Distribution (July 2013	
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Study Area Code	431969	
Study Area Namo	BIXBY TEL CO	
Program Year	2016	2 m 17 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m
Contact Name - Person USAC should contact regarding this data	Frank Rehbein	
Contact Telephone Number - Number of person identified in data line <030>	9183668000 ext,219	
Contact Email Address - Email Address of person identified in data line <030>	frehbein@olp.net	
	Study Area Namo Program Year Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030>	Study Area Name BIXBY TEL CO Program Year 2016 Contact Name - Person USAC should contact regarding this data Frank Robboin Contact Telephone Number - Number of person identified in data line <330> 9183668000 cxt, 219

Financial Data Summary	8567009
(3027) Revenue	8307009
(3028) Operating Expenses	9256374
(3029) Net Income	-700057
(3030) Telephone Plant In Service(TPIS)	42322145
(3031) Total Assets	13243910
(3032) Total Debt	0
(3033) Total Equity	12681869
(3034) Dividends	229288

Certification - Reporting Carrier Data Collection Form	20I	C Form 481 MB Control No.: 3060-0986/OMB Control No.: 3060-0819 Iy 2013

<010>	Study Area Code	431969
<015>	Study Area Name	BIXBY TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Frank Rehbein
<035>	Contact Telephone Number - Number of person Identified in data line <030>	9183668000 ext.219
<039>	Contact Email Address - Email Address of person identified in data line <030>	frehbein@olp.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: BIXBY TEL CO

Signature of Authorized Officer: CERTIFIED ONLINE

Date 06/05/2015

Printed name of Authorized Officer: Robert Rozell

Title or position of Authorized Officer: CEO

Telephone number of Authorized Officer: 9183668000 ext.

Study Area Code of Reporting Carrier:

431969

Filing Due Date for this form: 07/01/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

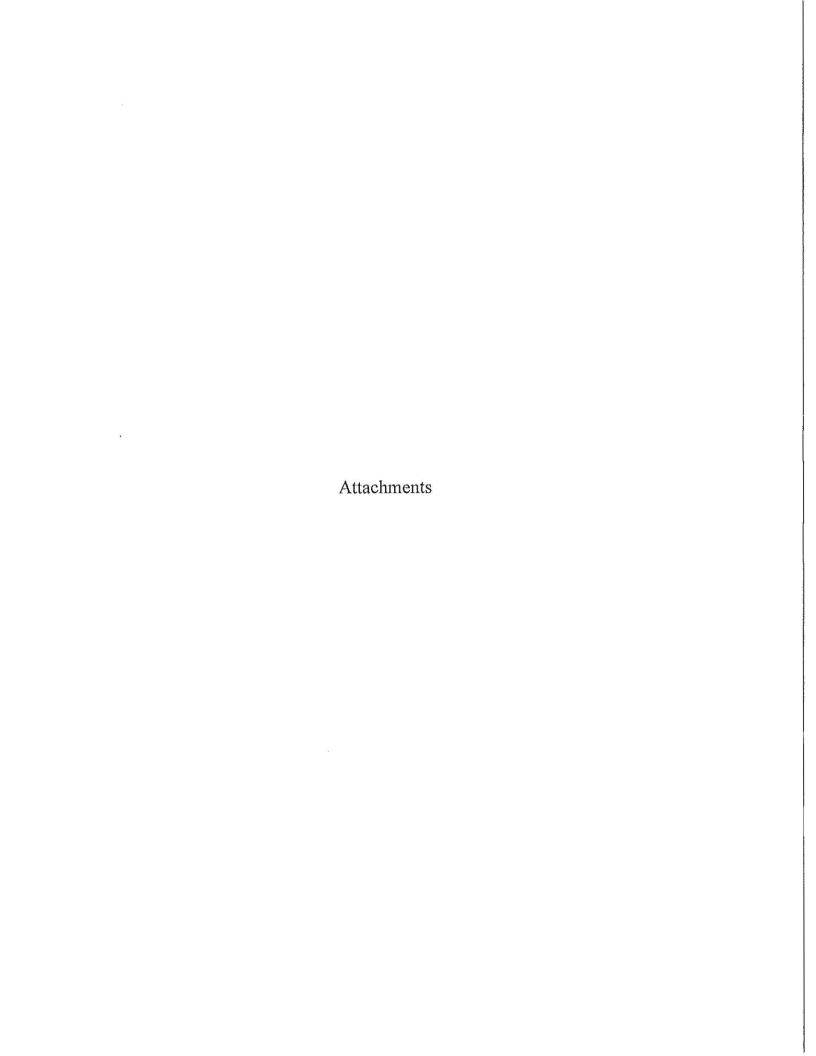
Party March Commission	llon - Agent / Carrier lection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819
		July 2013
<010>	Study Area Code	431969
<015>	Study Area Name	BIXBY TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Frank Rehbein
<035>	Contact Telephone Number - Number of person identified in data line <030>	9183668000 ext.219
<039>	Contact Email Address - Email Address of person identified in data line <030>	frehbein@olp.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting carrier.
also certify that I am an officer of the reporting carrier; agent; and, to the best of my knowledge, the reports an	ny responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized I data provided to the authorized agent is accurate,
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent	Authorized to File Annual Reports for CAF or LI Recipies	nts on Behalf of Reporting Carrier
	orized to submit the annual reports for universal service support reporting carrier; and, to the best of my knowledge, the informati	
Name of Reporting Carrier:		
Name of Authorized Agent or Employee of Agent:		
Signature of Authorized Agent or Employee of Agent:		Date:
Printed name of Authorized Agent or Employee of Agent:		
Fitle or position of Authorized Agent or Employee of Agent		
relephone number of Authorized Agent or Employee of Ag	ent:	237
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	



ROMESTICALE	ce Offerings including Voice Rate Data lection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	431969	
<015>	Study Area Name	BIXBY TEL CO	
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Frank Rehbein	
<035>	Contact Telephone Number - Number of person identified in data line <030>	9183668000 ext.219	
<039>	Contact Email Address - Email Address of person identified in data line <030>	frehbein@olp.net	
<701>	Residential Local Service Charge Effective Date 1/1/2015		

<703>

<702> Single State-wide Residential Local Service Charge

State	<a2> Exchange (ILEC)</a2>	<a3> SAC (CETC)</a3>		Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fee
OK	Bixby	SAC (CETC)	FR FR	16.4	0.0	0.05	1.22	17.67
ок	Bixby		FR	14.73	0.0	0.05	1.22	16.0
	7							
14 (J. 15)	7 7 7 7 7							
	X. 100							
	,							
	U 15 18 18 18 18 18 18 18 18 18 18 18 18 18							
						70 200A 70 70 TOTAL 7		

(710)	Broad	banc	Price	Off	erings
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Data	Collec	tion I	orm		
45 min 19	THERETOR	Caralla	equests.		0.00

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	431969
<015>	Study Area Name	BIXBY TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Frank Rehbein
<035>	Contact Telephone Number - Number of person identified in data line <030>	9183668000 ext.219
<039>	Contact Email Address - Email Address of person identified in data line <030>	frehbein@olp.net

<711>

<31>	<a2></a2>	<b1></b1>	 	<c><d1></d1></c>	<d2></d2>	<d3></d3>		<d4> √d4> √d4> √d4> √d4> √d4> √d4> √d4> √</d4>
State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rates and Fees		Broadband Service -Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached {select}
OK	Bixby	55.0	0.0	55.0	25.0	4.0	250	Overage Charge
ox	Bixby	9.95	0.0	9.95	25.0	4.0	300	Overage Charge
ок	Bixby	61.0	0.0	61.0	60.0	20.0	400	Overage Charge
ox	Bixby	69.0	0.0	69.0	60.0	20.0	400	Overage Charge
ок	Bixby	45.0	0.0	45.0	10.0	2.0	200	Overage Charge
OK	Bixby	129.0	0.0	129.0	300.0	20.0	999999	Other, No limit on usage
ок	Bixby	71.0	0.0	71.0	100.0	20.0	1024	Overage Charge
OK	Bixby	95.0	0.0	95.0	100.0	20.0	1024	Overage Charge
				N				
7.5								

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<010>	Study Area Code		431969
<015>	Study Area Name		BIXBY TEL CO
<020>	Program Year		2016
<030>	Contact Name - Person U	JSAC should contact regarding this data	Frank Rehbein
<035>	Contact Telephone Num	ber - Number of person identified in data line <030>	9183668000 ext.219
<039>	Contact Email Address -	Email Address of person identified in data line <030>	frehbein@olp.net
<810>	Reporting Carrier	Bixby Telephone Company	
<811>	Holding Company	Not Applicable	
<812>	Operating Company	Bixby Telephone Company	

<15	(a2>	<a3></a3>
Affiliates	SAC	Doing Business As Company or Brand Designation
BTC Broadband	439025	BTC Broadband
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